

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO.     | DATE            |
|---------------------------|--------------------|------------|-----------------|
| FEE DETERMINATION         |                    |            |                 |
| O.J.P.E. CLASSIFIER       | <i>[Signature]</i> | <i>120</i> | <i>10/23/01</i> |
| FORMALITY REVIEW          | <i>[Signature]</i> | <i>85</i>  | <i>10/23/01</i> |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> |            |                 |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy

574  
 1/24/01